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PTO/SB/21 (6-98)  
Approved for use through 09/30/2000. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/292,132	
	Filing Date	April 14, 1999	
	First Named Inventor	Salman Akram et al.	
	Group Art Unit	2812	
	Examiner Name	S. Mulpuri	
Total Number of Pages in This Submission	13	Attorney Docket Number	MI22-1171

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	Return Postcard Receipt
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	Check for \$110.00
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	Copy of April 14, 1999
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	IDS and PTO
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		Form-1449

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James D. Shaurette, Reg. No. 39,833 Wells, St. John, Roberts, Gregory & Matkin, P.S.
Signature	
Date	8/4/00

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 8-4-00	
Typed or printed name	Natalie King
Signature	
Date	8-4-00

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PTO/SB/17 (12/98)

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# FEE TRANSMITTAL

## for FY 1999

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$110.00)

### Complete if Known

Application Number 09/292,132  
Filing Date April 14, 1999  
First Named Inventor Salman Akram et al.  
Examiner Name S. Mulpuri  
Group / Art Unit 2812  
Attorney Docket No. MI22-1171

### METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 23-0925  
Deposit Account Name Wells, St. John, Roberts

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	760	201	380	Utility filing fee	
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	760	208	380	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)

#### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	= 0.00
Multiple Dependent	-3** =	X	= 0.00

\*\*or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	78	202	39	Independent claims in excess of 3	
104	260	204	130	Multiple dependent claim, if not paid	
109	78	209	39	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$0.00)

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	0.00
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	0.00
139	130	139	130	Non-English specification	0.00
147	2,520	147	2,520	For filing a request for reexamination	0.00
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	0.00
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	0.00
115	110	215	55	Extension for reply within first month	0.00
118	380	218	190	Extension for reply within second month	0.00
117	870	217	435	Extension for reply within third month	0.00
118	1,360	218	680	Extension for reply within fourth month	0.00
128	1,850	228	925	Extension for reply within fifth month	0.00
119	300	219	150	Notice of Appeal	0.00
120	300	220	150	Filing a brief in support of an appeal	0.00
121	260	221	130	Request for oral hearing	0.00
138	1,510	138	1,510	Petition to institute a public use proceeding	0.00
140	110	240	55	Petition to revive - unavoidable	0.00
141	1,210	241	605	Petition to revive - unintentional	0.00
142	1,210	242	605	Utility issue fee (or reissue)	0.00
143	430	243	215	Design issue fee	0.00
144	580	244	290	Plant issue fee	0.00
122	130	122	130	Petitions to the Commissioner	0.00
123	50	123	50	Petitions related to provisional applications	0.00
126	240	126	240	Submission of Information Disclosure Stmt	0.00
581	40	581	40	Recording each patent assignment per property (times number of properties)	0.00
146	760	246	380	Filing a submission after final rejection (37 CFR 1.129(a))	0.00
149	760	249	380	For each additional invention to be examined (37 CFR 1.129(b))	0.00
Other fee (specify) Terminal Disclaimer					110.00
Other fee (specify)					0.00

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$110.00)

### SUBMITTED BY

Typed or Printed Name James D. Shaurette

Signature

Date

8/4/00

### Complete (if applicable)

Reg. Number 39,833

Deposit Account User ID

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